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TC 2800 MAIL ROOM



ATTORNEY DOCKET NO.: 051481-5053

Application No.: 09/639,083

Page 2

Error In

Correct Data

- ☒ Independent Claims Box The number "1" should be number "3".
- ☒ The correction is not due to any error by the Applicants and no fee is due.
- ☐ At least one of the above corrections is due to the Applicants' error and the fee therefor under 37 C.F.R. § 1.19(h) of \$25.00 is paid as follows:
- ☐ Enclosed is a check in the amount of \$25.00.
- ☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0310.

Respectfully submitted,

MORGAN, LEWIS & BOCKIUS LLP

By: 

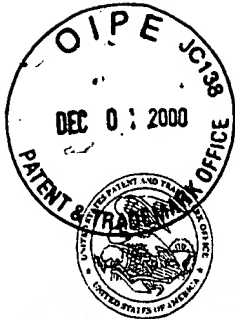
David W. Laub

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Dated: 29 Nov 2000

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
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09/639,083

08/16/2000

✓ 2832

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5053

3

14

1

should be
3 Ind.
claims

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MORGAN, LEWIS & BOCKIUS
1800 M STREET NW
WASHINGTON, DC 200365869

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MORGAN, LEWIS & BOCKIUS LLP

FILING RECEIPT



OC000000005459874

Date Mailed: 10/06/2000

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Applicant(s)

Peter Hueniken, Residence Not Provided;

Continuing Data as Claimed by Applicant

Foreign Applications

If Required, Foreign Filing License Granted 10/06/2000

Title

Multiple axis connection system

Preliminary Class

335

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Data entry by : MIDDLETON, MATTIE

Team : OIPE

Date: 10/06/2000



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Bib Data Sheet

CONFIRMATION NO. 3067

SERIAL NUMBER 09/639,083	FILING DATE 08/16/2000 RULE	CLASS 335	GROUP ART UNIT 2832	ATTORNEY DOCKET NO. 051481-5053
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APPLICANTS

Peter Hueniken, Chatham, CANADA;
John Ceccacci, Chatham, CANADA;
Vic Derbowka, Chatham, CANADA;

**** CONTINUING DATA**

None

Provisional 60/149,041, 8/14/99

**** FOREIGN APPLICATIONS**

None

IF REQUIRED, FOREIGN FILING LICENSE**GRANTED ** 10/06/2000**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 3	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

ADDRESS

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TITLE

Multiple axis connection system

FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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		<input type="checkbox"/> 1.18 Fees (Issue)
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